

FILE NOW: FILING FEE IS \$61.25

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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35147 (0)
1. Corporation Name
CLEARBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business RESIDENTIAL MGMT CONCEPTS 23123 ST. RD. 7. #350-A BOCA RATON FL 33428 US	Mailing Address RMC, INC. 23123 ST. ROAD 7. #350-A BOCA RATON FL 33428 US
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3. Date Incorporated or Qualified 11/13/1989	
4. FEI Number 65-0174411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PALOMBI, GARY
C/O RMC, INC.
23123 STATE RD. 7, STE. 350-A
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINETTI, PHILIP	
STREET ADDRESS	2757 S. CLEARBROOK CR.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FERRIERE, ANTHONY	
STREET ADDRESS	629 W. CLEARBROOK CIR.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHADD, RALPH	
STREET ADDRESS	630 W. CLEARBROOK CIR.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOLAN, DONALD	
STREET ADDRESS	680 W. CLEARBROOK CIR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	JANET Friel - Secretary	<input type="checkbox"/> DELETE
NAME	2831 S. Clearbrook Cir	
STREET ADDRESS	Delray Beach, FL 33445	
CITY-ST-ZIP		
TITLE	FRANCES DAMIAN - Dir.	<input type="checkbox"/> DELETE
NAME	2871 S. Clearbrook Cir.	
STREET ADDRESS	Delray Beach, FL 33445	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Angelo Marchetta - Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	650 W. Clearbrook Cir.	
1.3 STREET ADDRESS	Delray Bch, FL 33445	
1.4 CITY-ST-ZIP		
2.1 TITLE	DON ALBANESE - DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2790 N. Clearbrook Cir	
2.3 STREET ADDRESS	Delray Bch, FL 33445	
2.4 CITY-ST-ZIP		
3.1 TITLE	Floyd Bliss - Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2800 N. Clearbrook Cir.	
3.3 STREET ADDRESS	Delray Bch, FL 33445	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **RIA** **3-11-98**

CP2E037 (10/97)